Colorado Supplement to the Summary of Benefits and Coverage Form

Aetna Life Insurance Company
Name of Carrier

Aetna Open Access® Managed Choice® - Qualified HDHP
Name of Plan

Large Employer Group Policy
Policy Type

TYPE OF COVERAGE

1. TYPE OF PLAN	POS
2. OUT-OF-NETWORK CARE COVERED?[1]	Yes; but patient pays more for out-of-network care
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Plan is available throughout Colorado.

SUPPLEMENTAL INFORMATION REGARDING BENEFITS

Important Note: The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits and Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

	Description	What this means.
4. Deductible Period	Benefit Year	Benefit year deductibles restart on a date other than January 1. Please see your policy or plan document to see the date the deductible starts over.
5. Annual Deductible Type	Single/Non-Single Coverage	Single means the deductible amount you will have to pay for allowable covered expenses under this HSA-qualified health plan when you are the only individual covered by the plan. Non-single is the deductible amount that must be met by one or more family members covered by this HSA-qualified plan before any covered expenses are paid.
6. What cancer screenings are covered?	Prostate Cancer Screening Cervical Cancer Screening Breast Cancer Screening Colorectal Cancer Screening	• Age and Frequency schedule may apply • Age and Frequency schedule may apply • Age and Frequency schedule may apply • Age and Frequency schedule may apply

LIMITATIONS AND EXCLUSIONS

7. Period during which pre-existing conditions are not covered for covered person age 19 and older [2]	Not applicable, plan does not impose limitation periods for pre-existing conditions.
8. How does the policy define a "pre-existing condition"?	Not applicable, Plan does not exclude coverage of pre-existing conditions.
9. Exclusionary Riders. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No

USING THE PLAN

	IN-NETWORK	**OUT-OF-NETWORK**
10. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	Yes, refer to your certificate of coverage for details.
11. Does the plan have a binding arbitration clause?	No	

Questions: Call 1-888-982-3862, TDD 1-800-628-3323 (hearing impaired only) or visit www.Aetna.com.

If you are not satisfied with the resolution of your complaint or grievance, contact:

Colorado Division of Insurance
Consumer Affairs Section
1560 Broadway, Suite 850, Denver, CO 80202
Call 303-894-7490 (in state, toll free: 800-930-3745)
Email: insurance@dora.state.co.us

Endnotes:

1 "Network"refers to a specified group of physicians, hospitals, medical clinics and other health care providers this plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don't (i.e., go out-of-network).
2 Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.

Colorado Access Disclosure:

Aetna maintains and makes available to interested parties upon request a managed care network access plan on its business premises. The managed care network access plan demonstrates the managed care network contains an adequate number of accessible acute care hospitals, primary care providers, and specialists available to provide covered health care services. Among other things, the access plan describes Aetna's process for monitoring and assuring on an ongoing basis the sufficiency of the network to meet the health care needs of plan enrollees.

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Si necesita asistencia lingüistica en español, llámenos al número que figura en su tarjeta de identificación (ID) médica.
Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-888-982-3862.